

MDR Tracking Number: M5-04-0093-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-29-02.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, work conditioning program and medical conference by physician with team were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 11-05-01 through 07-22-02 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 2nd day of February 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter

Note: Spelling of Injured Worker's name Per Instructions from TWCC

January 14, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0093-01
 IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ____ while loading televisions onto a truck and felt pain in his right shoulder and back. He saw a chiropractor for treatment and therapy. MRIs dated 03/16/01 revealed a complete right rotator cuff tear, T12 through L3 disc spondylosis, L3-4 severe congenital central canal stenosis with bilateral moderate/severe facet arthrosis, and L4-5 moderate disc spondylosis with mild bilateral foraminal stenosis. He received trigger point injections to both his sacroiliac joint and right shoulder along with physical therapy.

Requested Service(s)

Office visits, work conditioning program, and medical conference by physician with team from 11/05/01 through 07/22/02

Decision

It is determined that the office visits, work conditioning program, and medical conference by physician with team from 11/05/01 through 07/22/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The treating doctor has not provided any medical justification for the implementation of upper level unidisciplinary therapeutics like work conditioning. In addition, the provider's rationale for the continued utilization of office visits and team conferences is not clear. Progression to unidisciplinary upper level therapeutics like work conditioning implies that the utilization of passive therapeutics like manipulation, trigger point therapy, and joint mobilization will cease and a transition to active, patient-driven therapeutics will be seen. This is not the case in the review of this medical file. There is no clear delineation between upper level unidisciplinary therapeutics and passive therapeutics like manipulation.

The rationale for the provider's frequent utilization of the office visit is not clear from the reviewed documentation. There is no documentation to support the medical necessity of the frequency of office visit charges utilized in the forwarded medical record.

Since the patient was placed at maximum medical improvement (MMI) on 12/10/01 and assigned a 10% impairment rating by the provider, there is a burden of necessity that must be met to warrant any application of services. Therefore, it is determined that the office visits, work conditioning program, and medical conference by physician with team from 11/05/01 through 07/22/02 were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Bodack MD, M.P., et al. *Therapeutic Exercise in the Treatment of Patients with Lumbar Spinal Stenosis*. Clinical Orthopaedics and Related Research 2001; 2001: 144-152.

- Goldberg MD, B.G., *Outcomes of Nonoperative Management of Full-Thickness Rotator Cuff Tears*. Clinical Orthopaedics and Related Research 2001; 2001: 99-107.
- Jacob T, Zeev A, Epstein L. *Low back pain—a community-based study of care-seeking and therapeutic effectiveness*. Disabil Rehabil. 2003 Jan 21;(2): 67-76.
- *Spondylolysis, lytic spondylolisthesis, and degenerative spondylolisthesis (SLD) North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists*. North American Spine Society 2000. 106p

Sincerely,